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TO	Examiner Semenenko	March 26, 2007
NAME	USPTO	DATE
COMPANY/FIRM		FAX # 571-273-6106
NUMBER OF PAGES INCLUDING COVER: 5		CONFIRM FAX: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
FROM	Christopher D. Ward, Esq.	250442US2
NAME	703-412-6228	OUR REFERENCE
DIRECT PHONE #		YOUR REFERENCE 10/800,861

MESSAGE

Please find attached the Applicant Initiated Interview Request Form with claims.

Unless otherwise indicated or obvious from the nature of the transmittal, the information contained in this facsimile message is attorney privileged and confidential information intended for the use of the individual or entity named above. If the reader of this message is not the intended recipient or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error or are not sure whether it is privileged, please immediately notify us by telephone and return the original message to us at the above address via the U.S. Postal Service at our Expense. Thank You.

PTOL-413A (09-04)
Approved for use through 07/31/2009. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Applicant Initiated Interview Request Form

Application No.: 10/800861 First Named Applicant: Hiroki Nakamura
Examiner: Y. Semenenko Art Unit: 2841 Status of Application: Reply filed 3/26/07

Tentative Participants:

(1) Christopher Ward (2) Yuriy Semenenko
(3) _____ (4) _____

Proposed Date of Interview: 3/27/07 Proposed Time: 2:30 (AM/PM) PM

Type of Interview Requested:

(1) ☐ Telephonic (2) ☒ Personal (3) ☐ Video Conference

Exhibit To Be Shown or Demonstrated: ☐ YES ☒ NO
If yes, provide brief description: _____

Issues To Be Discussed

Issues (Rej., Obj., etc)	Claims/ Fig. #s	Prior Art	Discussed	Agreed	Not Agreed
(1) <u>"Stress migration"</u>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) <u>§103 rej.</u>	<u>Cl. 1-3</u>	<u>Ueno + Yamato</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) <u>§103 rej.</u>	<u>Cl. 4-5</u>	<u>Kato + Ueno</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) _____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Continuation Sheet Attached					

Brief Description of Arguments to be Presented:

"Stress migration" is proper.
Present attached claim amendments and present arguments that claims
are allowable over the cited art.

An interview was conducted on the above-identified application on _____.

NOTE: This form should be completed by applicant and submitted to the examiner in advance of the interview (see MPEP § 713.01).

This application will not be delayed from issue because of applicant's failure to submit a written record of this interview. Therefore, applicant is advised to file a statement of the substance of this interview (37 CFR 1.133(b)) as soon as possible.

Applicant/Applicant's Representative Signature

Examiner/SPE Signature

Christopher D. Ward
Typed/Printed Name of Applicant or Representative

41,367
Registration Number, if applicable

This collection of information is required by 37 CFR 1.133. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.